

Laboratory Report

Tom Moe
USS Corporation
P.O. Box 417
8771 Park Ridge Dr
Mountain Iron, MN 55768

Report Date: 07/19/2017
Date Received: 07/07/2017

Project: 10170C Minntac NPDES Data Gaps
Pace Project No.: 1291192

Sample: SW-001		Lab ID: 1291192001	Collected: 07/07/17 06:30	Matrix: Water		
Method	Parameters	Results	Units	Report Limit	Analyzed	Qualifiers
EPA 200.7	Calcium	27.0	mg/L	2.0	07/12/17 09:57	
EPA 200.7	Magnesium	32.8	mg/L	2.0	07/12/17 09:57	
EPA 200.7	Sodium	14.5	mg/L	2.0	07/12/17 09:57	
	Field pH	7.67	Std. Units		07/07/17 06:30	
	Field Temperature	20.92	deg C		07/07/17 06:30	
	Field Specific Conductance	440.3	umhos/cm		07/07/17 06:30	
SM 2320B	Alkalinity, Bicarbonate (CaCO ₃)	103	mg/L	10.0	07/10/17 14:48	
SM 2540C (1997)	Total Dissolved Solids	311	mg/L	10.0	07/11/17 11:48	
EPA 300.0	Chloride	24.0	mg/L	1.0	07/17/17 09:08	M1
EPA 300.0	Sulfate	76.2	mg/L	2.0	07/17/17 09:08	M1

ANALYTE QUALIFIERS

M1 Matrix spike recovery exceeded QC limits. Batch accepted based on laboratory control sample (LCS) recovery.

Reviewed by:



Heather R Zika
(218) 735-6704
heather.zika@pacelabs.com

Virginia Minnesota Certification ID's

315 Chestnut Street, Virginia, MN 55792
Alaska Certification UST-107
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California Certification #2973
California Certification #2973
Montana Certificate #CERT0103
Alaska Certification #MN01084
Arizona Department of Health Certification #AZ0785

Minnesota Dept of Health Certification #: 027-137-445
North Dakota Certification: # R-203
Wisconsin DNR Certification #: 998027470
WA Department of Ecology Lab ID# C1007
Nevada DNR #MN010842015-1
Oklahoma Department of Environmental Quality
California Certification #2973



Environmental Science
& Engineering

Chain of Custody Record

Page: 1 of 1

526 CHESTNUT STREET
VIRGINIA, MINNESOTA 55792

218-741-4290 * FAX 218-741-4291

COC#:

MO# : 1291192
PM: HRZ Due Date: 07/21/17
CLIENT : NTS-Dave J

CLIENT NAME, ADDRESS, PHONE#:

US Steel Minntac

Tom Moe - USS Minntac
Scott Seeley - NTS, 218-742-1028

REPORT TO:

TYPE & # CONTAINERS

Comments:

SAMPLER: K. DAVIS C. ANDREWS

PERMIT REQ.: Yes

PROJECT: NPDES Data Gaps Monitoring

MONTH: July 2017

PROJ. NO: 10170C

COLLECTION:

MATRIX

Filtered

LOG-IN

SAMPLE #

DESCRIPTION

DATE

TIME

LIQ

SOL

Filtered

General - 1 Liter plastic

Metals - 500 ml HNO3 (total)

Metals - 250 ml HNO3 (dissolved)

LL Mercury Bottles

1000 mL Glass Amber

Nutrients - 500 mL H2SO4

(3) 40mL Vials - HCl

pH (SU)

Sp. Cond. us/cm

Temperature (°C)

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	Document Name:	Document Revised: 15Mar2016
	Sample Condition Upon Receipt Form	Page 1 of 1
	Document No.: F-VM-C-001-Rev.10	Issuing Authority: Pace Virginia, Minnesota Quality Office

Sample Condition Upon Receipt

Client Name: NTS

Project #: WO# : 1291192

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

PM: HRZ Due Date: 07/21/17
 CLIENT: NTS-Dave J

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☒ No Optional: Proj. Due Date: Proj. Name:

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____ Temp Blank? ☐ Yes ☒ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: 3.1 Cooler Temp Corrected °C: 3.4 Biological Tissue Frozen? ☐ Yes ☒ No ☐ N/A
 Temp should be above freezing to 6°C Correction Factor: +0.3 Date and Initials of Person Examining Contents: MV 7/7/17

Comments:

Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.
Filtered Volume Received for Dissolved Tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	11. Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.
-Includes Date/Time/ID/Analysis Matrix: <u>W</u>		
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pace Trip Blank Lot # (if purchased):		

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☒ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: Carin

Date: 7.10.17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)